

Case Number:	CM13-0033656		
Date Assigned:	12/06/2013	Date of Injury:	09/25/1990
Decision Date:	03/17/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old female who reported an injury on 09/25/1990. The mechanism of injury was not provided. The patient was noted to undergo two (2) Botox injections for migraine headaches. The patient was noted to have significant improvement post-injection. The patient's diagnosis was noted to include menstrual migraine. The request was made for a Botox injection on 08/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request for Botulinum Toxin injection 8/17/13: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, www.odg-twc.com; Section: Head.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, www.odg-twc.com; Section: Head.

Decision rationale: The Chronic Pain Guidelines do not recommend Botox for migraine headaches. While it is not recommended per guidelines, it is recommended according to the FDA. On 10/10/2010, the FDA announced the approval of Botox to treat chronic migraine

headaches. The clinical documentation submitted for review indicated the patient had two (2) previous injections; however, there was lack of documentation indicating the patient's functional benefit and duration of relief. Additionally, there was lack of documentation for the requested date of service. Given the above, the request for Botulinum Toxin injection 8/17/13 is not medically necessary.